ARIZONA STATE BOARD OF HEALTH BURBAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH County. Gile State File No. 206 State File No. 206 Registered No. Registered No. Registered No. Registered No. Registered No. Registered No. Wat State Arizona State Arizona State Arizona State File No. 206 Registered No. Regis
1. PLACE OF BIRTH COUNTY Gila County Gila County Gila County Gila StanDARD CERTIFICATE OF BIRTH State Arizona State Fig Ao. State Fig Ao. State Fig Ao. County Gila State Arizona State Fig Ao. State Fig Ao. State Fig Ao. Registered No. State Fig Ao. Arizona State Fig Ao. Registered No. State Fig Ao. Registered No. State Fig Ao. Arizona State Fig Ao. Registered No. State Fig Ao. Registered No. State Fig Ao. Arizona State Fig Ao. Arizona State Fig Ao. Arizona Registered No. State Fig Ao. Arizona Figure Fig Ao. State Fig Ao. Arizona State Fig Ao. Arizona State Fig Ao. State Fig Ao. Arizona State Fig Ao. Arizona Figure Fig Arizona State Fig Ao. State Fig Arizona State Fig Arizona State Fig Arizona Figure Fig Arizona State Fig Arizona Figure Fig Arizona State Fig Arizona Figure Fig Arizo
County Gila County Gila County Gila StanDard Certificate of Birth Registered No. StanDard Certificate of Birth Arizona Arizona No. State Arizona State A
County Gile San Carlos Reservation or village City Rice No. (If birth occurred in a hospital or institution, give its NAME instead of street and number of child Paul Cassa Sex of Child To be answered ONLY in event of plural births. Sex of Child In an event of plural births. Social Carlos Reservation or village. State Arizona Was Was Was Was Was In the course of in a hospital or institution, give its NAME instead of street and number of child Paul Cassa If child is not yet named, mat supplemental report, as directed on the supplemental report, as directed of the plural births. Sex of Child In to be answered ONLY in event of plural births. Social Cassa In the plural births. FATHER Full name Oliver Cassa P. Residence (Usual place of abode) Rige If non-resident, give place and state. In color or race 1/4 apache in 1. Age at last birthday. Sex of Child In the plural birth occurred in a hospital or institution, give its NAME instead of attrect and number of child not yet samed, mat Supplemental report, as directed and number of birth in event of plural births. Sex of Child Paul Cassa If child is not yet named, mat Supplemental report, as directed and number of birth of child herein 2 (Usual place of abode) Rother III - 7 - 1929 It moveresident, give place and state. In on-resident, give place and state. It non-resident, give place a
District or Township. Rige No. (If birth occurred in a hospital or institution, give its NAME instead of street and number of child paul Cassa (If child is not yet named, make supplemental report, as directed and number of child paul Cassa (If child is not yet named, make supplemental report, as directed and number of child paul Cassa (If child is not yet named, make supplemental report, as directed and number of child paul Cassa (If child is not yet named, make supplemental report, as directed and number of child paul paul paul paul paul paul paul paul
City Rice No. [If birth occurred in a hospital or institution, give its NAME instead of street and number 2. Full name of child. Paul Cassa [If child is not yet named, mal supplemental report, as directed. 3. Ser of Child male of child. Paul Cassa [If child is not yet named, mal supplemental report, as directed. 3. Ser of Child in event of plural births. [If child is not yet named, mal supplemental report, as directed. 4. Twin, triplet or other. [If child is not yet named, mal supplemental report, as directed. 5. No., in order of birth. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as direct and number. [If child is not yet named, mal supplemental report, as direct and number. [If child is not yet named, mal supplemental report, as direct and number. [If child is not yet named, mal supplemental report, as direct and number. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child is not yet named, mal supplemental report, as directed. [If child i
2. Full name of child Paul Cassa 3. Sax of Child In one of child Paul Cassa 4. Twin, triplet or other. In order of birth In event of plural births. 5. No., in order of birth Paul In order of birth In overtients. 8. FATHER Full name Oliver Cassa 9. Residence (Usual place of abode) Rige If non-resident, give place and state. 10. Color or race 4/4 apache ind. (Years) 12. Birthplace (city or place) San Carlos (State or country) 13. Occupation Mechanic Nature of industry 14. Supplemental report, as directe of supplemental report, as directe and state in the supplemental report, as directe and suppl
2. Full name of child PAUL CASSA 3. Sax of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. S. No., in order of birth S. No., in order of birt
3. Ser of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth 6. Legitimate? Yes 7. Date of birth 11- 7- 1929 of birth 11- 19- 19- 19- 19- 19- 19- 19- 19- 19-
8. FATHER Full name Oliver Cassa 9. Residence (Usual place of abode) Rige If non-resident, give place and state. 10. Color or race 4/4 apache ind. 11. Age at last birthday 12. Birthplace (city or place) San Carlos (State or country) Ariz. 13. Occupation mechanic Nature of industry 14. MOTHER Full maiden name Bessie Case 15. Residence (Usual place of abode) Rige If non-resident, give place and state. 16. Color or race 4/4 apache ind. 17. Age at last birthday (Years) 18. Birthplace (city or place) Miami (State or country) Ariz. 19. Occupation housewife Nature of industry 20. Number of children of this mother. 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES I hereby certify that I attended the birth of this child, who was 8 1 18 (c) at 11 p. m. on the date above stated
Full name Oliver Cassa 9. Residence (Usual place of abode) Rice If non-resident, give place and state. 10. Color or race 4/4 apache ind. 26 11. Age at last birthday. 26 12. Birthplace (city or place) San Carlos (State or country) Ariz. 13. Occupation Mechanic Nature of industry 14. Secondary (State or country) 15. Residence (Usual place of abode) Rice If non-resident, give place and state. 16. Color or race 4/4 apache ind. 21 (State or country) Miami (State or country) Ariz. 18. Birthplace (city or place) Miami (State or country) Ariz. 19. Occupation housewife Nature of industry 20. Number of children of this mother. 20. Number of children of this mother. 21 (Ca) Born alive but now dead. 22 (Castillborn. 23 (Caste or country) Ariz. (Castillborn. 24 (Daste or country) Pressultons taken against oph thalmia neonatorum? 25 (Castillborn. 26 (State or country) Ariz. (Castillborn. 27 (Taken as of time of birth of child herein (c) Stillborn. 28 (Castillborn. 29 (Castillborn. 20 (Castillborn. 20 (Castillborn. 20 (Castillborn. 21 (Castillborn. 22 (Castillborn. 23 (Castillborn. 24 (Castillborn. 25 (Castillborn. 26 (Usual place of abode) (Cusual place of abode)
9. Residence (Usual place of abode) If non-resident, give place and state. 10. Color or race 4/4 apache ind. 11. Age at last birthday 12. Birthplace (city or place) San Carlos (State or country) 13. Occupation Nature of industry 20. Number of children of this mother. 21. Were precautions taken against oph (C) Stillborn. 22. Certificate of abode) 13. Occupation Mechanic Nature of industry 14. Apache ind. 15. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or race 4/4 apache ind. 17. Age at last birthday. (Years) 18. Birthplace (city or place) (State or country) Ariz. 19. Occupation Nature of industry (Taken as of time of birth of child herein certified and including this child.) (C) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was a live at live
10. Color or race 14. Apache ind 26 11. Age at last birthday 26 12. Birthplace (city or place) San Carlos 13. Occupation Mechanic 14. Occupation Mechanic 15. Color or race 16. Color or race 16. Color or race 17. Age at last birthday 17. Age at last birthday 17. Age at last birthday 18. Birthplace (city or place) Miami 18. Birthplace (city or place) Miami 18. Birthplace (city or place) Miami 19. Occupation Mechanic 19. Occupation Nature of industry 19. Occupation N
10. Color or race 4/4 apache ind. 11. Age at last birthday 12. Birthplace (city or place) San Carlos (State or country) Ariz. 13. Occupation mechanic Nature of industry 14. Born alive and now living Carlos industry 15. Number of children of this mother barning certified and including this child.) 16. Color or race 4/4 apache ind. 17. Age at last birthday (Years) 18. Birthplace (city or place) Miami (State or country) Ariz. 19. Occupation housewife Nature of industry (Taken as of time of birth of child herein certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was alive at II p. m. on the date above stated
12. Birthplace (city or place) San Carlos (State or country) Ariz. 13. Occupation Mechanic Nature of industry 14. Apache ind. 21 (State or country) Ariz. 15. Occupation Mechanic Nature of industry 16. Color of face 4/4 apache ind. 21 (State or place) Miami (State or country) Ariz. 17. Age at last birthday (Years) 18. Birthplace (city or place) Miami (State or country) Ariz. 19. Occupation housewife Nature of industry 20. Number of children of this mother (b) Born alive and now living 2 21; Were precautions taken against oph thalmia neonatorum? (C) Stillborn (c) Stil
12. Birthplace (city or place) San Carlos (State or country) Ariz. 13. Occupation Mechanic Nature of industry 20. Number of children of this mother. (Chaken as of time of birth of child herein certified and including this child.) (Carlificate Of Attending Physician Or Midwiffs attended the birth of this child, who was alive attended the birth of this child, who was attended the birth of this child.
(State or country) Ariz. (State or country) Ariz. 13. Occupation Mechanic Nature of industry 19. Occupation housewife Nature of industry 20. Number of children of this mother. 2 (a) Born alive and now living 2 (1) Were precautions taken against oph (b) Born alive but now dead 0 (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was 8 1 1 9 m. on the date above stated
13. Occupation Mechanic Nature of industry 19. Occupation housewife Nature of industry 20. Number of children of this mother. 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn (c) St
Nature of industry 1. Ousewife Nature of industry Nature of i
Nature of industry 20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 2i. Were precautions taken against oph thalmia neonatorum? (b) Born alive but now dead 0 thalmia neonatorum? (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was 21ve at II p. m. on the date above stated
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 that mind including this child.) (c) Stillborn Vest CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was 8 live at II p. m. on the date above stated
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead certified and including this child.) (c) Stillborn pysician or Midwiffs* CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFFS* I hereby certify that I attended the birth of this child, who was alive at I p. m. on the date above stated
I hereby certify that I attended the birth of this child, who was 811ve at II p. m. on the date above stated
(Porn alive an atitle and atitle and atitle and atitle at the state at
THE DIE CONTROL TO THE PROPERTY OF THE PROPERT
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth,
liven name added from Rice, Ariz. (Physician or Midwife).
Month, day, year
Registrar Filed 19 Registrar Registrar
Tegistrar

0

7.1